

## McLaren Print System Order

Order No: 6195  
 Order Date: 2014-10-01  
 User: Deanna Parinello  
 Phone: 586-627-2727

Ship Location: BRIDGEVIEW/ ATTN: DEANN  
 39833 BRIDGEVIEW STREET  
 HARRISON TOWNSHIP, MI 48045

### Forms

Quantity: 100  
 Paragon Dept No: 71200  
 Dept Name: BRIDGEVIEW FAMILY MEDICINE & URGENT CARE  
 Company Number: 810

Order Total Price: 0.20

Form Number: MM-103A (72650) English  
 Form Description: ABN (McLaren Lakeshore Medical Center)  
 Revision Date: 1/2012  
 Print: 1 sided black and white  
 Paper: 3 Part (White, Yellow, Pink)  
 Size: 8.5 x 11  
 Fold:  
 Finish:  
 Drill: None

MCLAREN LAKESHORE MEDICAL CENTER  
 30750 Harper Ave. • Clinton Township, MI 48038  
 (800) 294-4278

Number: \_\_\_\_\_ Patient Name: \_\_\_\_\_

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**ADVANCE BENEFICIAL NOTICE OF NONCOVERAGE (ABN)**

**NOTE:** If Medicare doesn't pay for this service, you may have to pay. Medicare does not pay for everything, even some care that you or your health care provider have good reasons to think you need. We expect Medicare may not pay for the D \_\_\_\_\_ below.

Checked Item (Date)	Dates of Service	Reason Medicare May Not Pay	Estimated Cost
<input checked="" type="checkbox"/>		Medicare does not pay for this service for your condition.	\$17.00
<input checked="" type="checkbox"/>		Medicare does not pay for this service for your condition.	\$47.00
<input checked="" type="checkbox"/>		Medicare does not pay for this service for your condition.	\$41.00
<input checked="" type="checkbox"/>		Medicare does not pay for this service for your condition.	\$10.00
<input checked="" type="checkbox"/>		Medicare does not pay for this service for your condition.	\$10.00
<input checked="" type="checkbox"/>		Medicare does not pay for this service as often as this.	\$70.00
<input checked="" type="checkbox"/>		Medicare does not pay for this service as often as this.	\$119.00
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

What you need to do next:  
 Read this notice so you can make an informed decision about your care.  
 Ask us any questions that you may have after you finish reading. Total above:  
 \* You may also want to ask us about any other Medicare rules that you might have, but Medicare cannot require us to do this.

**Options:** **Check only one box. We cannot choose a box for you.**

**OPTION 1:** I want the \_\_\_\_\_ listed above. You may ask us to bill Medicare, but I understand that if Medicare doesn't pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the ABN. If Medicare does pay, you will refund any payments I made to you, less charges or deductibles.

**OPTION 2:** I want the \_\_\_\_\_ listed above, but do not bill Medicare. You may ask to be paid even so. I am responsible for payment. I cannot appeal if Medicare is not billed.

**OPTION 3:** I don't want the \_\_\_\_\_ listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay.

**Additional Information:**

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call 1-800-MEDICARE (1-800-653-4277) TTY: 1-877-486-2049.

Signing below means that you have received and understood this notice. You also receive a copy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

McLaren Lakeshore Medical Center is an Equal Opportunity Employer. We are committed to providing a safe and healthy work environment for all employees. We are also committed to providing a safe and healthy environment for our patients. We are committed to providing a safe and healthy environment for our community. We are committed to providing a safe and healthy environment for our world.

Form MM-103A (72650) WHITE RECORD YELLOW PATIENT PINK ROUTER Form Revised 08/14/2014